

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>49619</b>
In re Application of <b>Heger et al.</b>		
Application Number <b>09/857,480</b>		Filed <b>08/13/2002</b>
For <b>Nanoparticulate core shell systems and the use thereof in pharmaceutical and cosmetic preparation</b>		
Art Unit <b>1618</b>	Examiner <b>YOUNG, MICAH PAUL</b>	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ **500.00**

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 14-1437. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

- applicant /inventor. /Michael P. Byrne/  
Signature
- assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)  
is enclosed. (Form PTO/SB/96) Michael P. Byrne  
Typed or printed name
- attorney or agent of record.  
Registration number 202-659-0100
- attorney or agent acting under 37 CFR 1.34. Telephone number  
Registration number if acting under 37 CFR 1.34. 54,015 September 24, 2007  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/>	*Total of _____ forms are submitted.
--------------------------	--------------------------------------